

EXPRESS MAIL CERTIFICATE

Date 9-9-03 Label No. EV010938605US

I hereby certify that, on the date indicated above I deposited this paper or fee and every paper referred to therein with the U.S. Postal Service and that it was addressed for delivery to the Commissioner for Patents, Mail Stop Patent Application, Box P.O. Box 1450, Alexandria, VA 22313-1450 by "Express Mail Post Office to Addressee" service.

Richard T. Lyon

Name (Print)

Signature



PATENT

Microsoft Docket No. 305148.02

L&H No. MCS-039-03

Hon. Commissioner for Patents
Mail Stop Patent Application
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

Enclosed please find an application for United States patent as identified below:

Inventor/s: Liu et al.

Title: **A SYSTEM AND PROCESS FOR GENERATING REPRESENTATIONS OF OBJECTS USING A DIRECTIONAL HISTOGRAM MODEL AND MATRIX DESCRIPTOR**


including the items indicated:

1. Specification and 27 claims: 4 indep.; 23 dep.; 0 multiple dep.
(48 pages)
2. Drawings: 16 sheets.
3. Patent Fee Computation Sheet (1 page) and Credit Card Payment Form (1 page)
4. Executed Declaration and Power of Attorney (4 pages)
5. Assignment Coversheet (1 page) and Assignment Document (6 pages) and Credit Card Payment Form (1 page)
6. Return receipt postcard

Correspondence Address: - **Customer No: 27662**

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Respectfully submitted


Richard T. Lyon

Reg. No. 37,385

Attorney for Applicant(s)



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PATENT FEE COMPUTATION SHEET

	Claims	Number Extra	Fee
Basic Fee.....			\$ 750.00
Total Claims.....	20 - 27 =	7 x \$18	\$ 126.00
Independent Claims.....	4 - 3 =	1 x \$84	\$ 84.00
If Multiple Dependent Claims Are Present, Add 280.00 EA.....			\$ 0.00
TOTAL AMOUNT DUE.....			\$ 960.00

___ A check in the amount of \$ _____ is attached.

XX A Credit Card Payment Form (PTO-2038) for payment in the amount of \$ 960.00 is attached.

___ The Commissioner is hereby authorized to charge and credit Deposit Account No. _____ as described below. A duplicate copy of this sheet is enclosed.

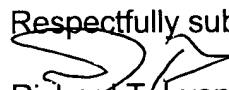
___ Charge the amount of _____ as a filing fee.

___ Credit any overpayment.

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